



Program for Persons With Disabilities

TEO FS-10

"Your Passport to Quality Health"

Fact Sheet

The Program for Persons with Disabilities (PFPWD) is designed to provide additional financial assistance for TRICARE eligible beneficiaries who are moderately or severely mentally retarded or seriously physically disabled.

Who is Eligible

TRICARE eligible spouses or children of active duty members (or deceased active duty members for a period of three years from the date of death). NATO family members and family members of retirees are not eligible for this program.

Covered Services

The PFPWD program helps to reduce the disabling effects of a "qualifying condition." TRICARE defines a qualifying condition as "any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or which is expected to last, for a minimum period of 12 months in a row." In order to qualify, the disorder or condition must make it impossible for the disabled person to perform one of the following major life activities without assistance: breathing, cognition, hearing, seeing and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring and walking.

To determine whether an item or a service is a benefit under this program, you need to submit a written request for benefits for review and pre-authorization to Wisconsin Physician Services (WPS), the TRICARE Europe claims processor at:

**TRICARE Europe
WPS - Correspondence
P.O. Box 7992
Madison, WI 53707-7968, USA**

The PFPWD request must show how the service or item will contribute to confirming, arresting or reducing the disabling effects of the qualifying condition. The form is available on our website. For more details on how to submit this request (and for help interpreting these complex rules and guidelines!) contact your local TRICARE Service Center Beneficiary Counseling and Assistance Coordinator (BCAC).

Public Facility Funds Certification

In order to get a PFPWD request approved, you must certify in writing that "public facility funds" are not available to meet your qualifying PFPWD need. This certificate must be completed by an authorized official such as a MTF commander or an administrator of a public facility (In Europe, these funds would typically come from the DoDDS school system if the funds were available). In general, this certification states that the requested PFPWD services or items cannot be obtained from public facilities because they are unavailable or inadequate. Please see your BCAC for assistance.

Examples of Covered Benefits

- **Durable Medical Equipment (DME).** Examples of DME payable under the PFPWD are hearing aids, walker, toilet chair, or a bath seat. This equipment is limited to one of the same type of equipment per beneficiary. The equipment must be medically necessary, cost more than \$100, and improve the patient's condition. Reasonable repair and maintenance is allowed.
- **Treatment.** Types of treatment payable under the PFPWD includes but is not limited to prosthetic devices, orthopedic braces and orthopedic appliances.
- **Training.** Training is an allowable benefit when required in order to use assisting technology devices or to acquire skills that are expected to assist the beneficiary.
- **Institutional care.** This is an allowable benefit only when the severity of the qualifying condition requires protective custody or training in a residential environment.
- **Transportation.** Transportation is a covered benefit when required to convey the beneficiary to or from a facility to receive allowable services or items. If a private vehicle is used, the allowable amount is limited to the Federal Government Employee mileage reimbursement rate in effect on the trip date.

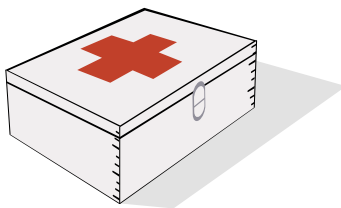
Examples of What's NOT Covered

- Inpatient acute care for medical or surgical treatment of an acute illness or an acute exacerbation of the PFPWD condition. This is covered under the TRICARE Basic program.
- Structural alterations to living space and permanent fixtures even if necessary to accommodate installation of equipment



or to facilitate entrance or exit.

- Homemaker, sitter or companion services.
- Dental care or orthodontic treatment.
- Medical devices or prosthetic devices which do not meet the benefit requirements.
- Services or items paid for or eligible for payment (directly or indirectly) by a public facility or the federal government.
- Services to beneficiaries aged 3 – 21 which are written in the beneficiary's special education Individual Education Plan (IEO) and which are required to be provided without charge by the local public education facility in accordance with the Individuals with Disabilities Education Act (IDEA).
- Additional or special charges for excursions other than otherwise allowable transportation.



Using Your PFPWD Benefit Together with the Basic TRICARE Program

Your BCAC can advise you if a requested service or item is covered under the Basic Program, only under PFPWD, or if it is covered by both. As a general rule, if a service is covered by both the Basic TRICARE program and PFPWD, use the Basic program. You should only use PFPWD if the service or item is not covered by the Basic Program.

What Does the Basic Program Cover?

Examples of Covered Benefits Under the Basic Program include:

- Orthotic devices [supports or braces for muscles and joints]
- Soft casts are covered.
- Oxygen and oxygen concentrator is a covered benefit.
- Wheelchairs are covered.

Claims

When you submit your claims to WPS (see address on the front page) make sure to write PFPWD on top of the form and attach a copy of your authorization letter. If you receive equipment or treatment within the U.S. or from a U.S. provider, please note that your claim is subject to stateside claims processing limitations (such as provider certification, FDA approval and CMAC rates). Your BCAC can explain how this affects you if you are in this situation.

Other Health Insurance Coverage

All double coverage rules and procedures that apply to claims under the Basic Program also apply to claims under the PFPWD. The basic rule to remember is that all local resources must be considered and used if possible before you can use TRICARE PFPWD benefits. The sponsor or beneficiary cannot choose to waive available federal, state and/or local assistance in favor of using TRICARE Program for Persons With Disabilities benefits.

More Information

For more information, visit your local TRICARE Service Center. You can also learn more via the web by visiting the TRICARE web site at:

<http://www.tricare.osd.mil/cfr/C5.PDF>

Active Duty member cost-share liability per month:

Grade	Cost-share	Grade	Cost-share
E1 - E5	\$25	05	\$65
E6	\$30	06	\$75
E7, 01	\$35	07	\$100
E8, 02	\$40	08	\$150
E9, CW1, 03	\$45	09	\$200
CW3, 4 & 04	\$50	010	\$250

PFPWD Costs and Limitations

The maximum government share of the cost of all PFPWD allowable benefits provided in a given month to one beneficiary is limited to \$1000. The monthly cost-share and any charges exceeding the \$1000 is the responsibility of the active duty sponsor.

If two or more beneficiaries are eligible for the PFPWD then the government will cost-share the entire remaining amount for all allowable services and items received in that month by the remaining eligible beneficiaries.

Prorating of Equipment Expenses

The PFPWD beneficiary or sponsor may specify that the allowable cost of the equipment expenses be prorated. This is only permitted at the time of the request for the equipment, however. What can prorating do for you?

It means that you can break up the cost of expensive equipment over months so you don't have to pay more than your monthly benefit limit. Some special rules apply for this program, so see your BCAC for more information.